

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09763287 FILING DATE 11/1/96
APPLICANT(S) *Blademaster*

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2	1	1	1			
3	1	1	1			
4	1	1	1			
5	4	1	1			
6	6	1	1			
7	0	1	1			
8	0	1	1			
9	1	1	1			
10	1	1	1			
11	1	1	1			
12	3	3	3			
13	3	3	3			
14	3	3	3			
15	3	3	3			
16	3	3	3			
17	18	3	3			
18	36	7	7			
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL IND.		1	2			
TOTAL DEP.		28				
TOTAL CLMS	MS	ADDED AMOUNT	30	SEARCH	EXAMINER	